



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Coulter		First Name Danielle		Middle Name R.	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 8369 Silverado Dr.				5. FAX (Optional)		6. E-mail Address (Optional)
7. City Indianapolis	State IN	ZIP Code 46237	8. County Marion	9. Telephone (Day) 317, 995-5350	10. Telephone (Evening) 317, 995-5350	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Marion County Treasurer			

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Friends for Danielle Coulter						
14. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 54 Monument Circle, Suite 300				15. FAX (Optional)		16. E-mail Address (Optional)
17. City Indianapolis	State IN	ZIP Code 46204	18. County Marion	19. Telephone 317, 995-5350	20. Committee Organization Date (MM-DD-YY) 02-04-16	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson Danielle R. Coulter						
22. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 8369 Silverado Dr.				23. FAX (Optional)		24. E-mail Address (Optional)
25. City Indianapolis	State IN	ZIP Code 46237	26. County Marion	27. Telephone (Day) 317, 995-5350	28. Telephone (Evening) 317, 995-5350	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Chase Bank						
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer Danielle R. Coulter				Signature of the Committee Chairperson <i>Danielle R. Coulter</i>	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Danielle R. Coulter								
34. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 8369 Silverado Dr.				35. FAX (Optional)		36. E-mail Address (Optional)		
37. City Indianapolis	State IN	ZIP Code 46237	38. County Marion	39. Telephone (Day) 317, 995-5350	40. Telephone (Evening) 317, 995-5350			

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Danielle R. Coulter	Signature of Chairperson <i>Danielle R. Coulter</i>	Date (MM-DD-YY) 02-12-16
43. Typed or Printed Name of Candidate Danielle R. Coulter	Signature of Candidate <i>Danielle R. Coulter</i>	Date (MM-DD-YY) 02-12-16

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

FEB 12 2016

Myra A. Eldridge